No. 300
10-48

FILED SEP 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29245

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5262 Registrar's No. 33

0220

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Christian
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Lead Hill
c. LENGTH OF STAY (in this place): 3 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence, Keltner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Christian
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Lead Hill
d. STREET ADDRESS (If rural, give location): Keltner

0220

3. NAME OF DECEASED (Type or Print): a. (First) DAVID b. (Middle) HENRY c. (Last) APPLEGATE

4. DATE OF DEATH (Month) (Day) (Year): Sept. 8, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 5-1867
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: - -
11. BIRTHPLACE (State or foreign country): Bradleyville, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Gilbert Applegate
13b. MOTHER'S MAIDEN NAME: Catherine Vaker
14. NAME OF HUSBAND OR WIFE: Fannie Horner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No - - - -
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Penny Applegate, Oldfield, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — years
Coronary thrombosis — sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Prostatitis, hypertrophic — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hemiplegia, rt., old — 2 yrs.
Arthritis, hypertrophic, generalized — yrs.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 Aug, 1955, *to* 8 Sept, 1955, *that I last saw the deceased alive on* 30 Aug, 1955, *and that death occurred at* 8:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P D Roper M D
23b. ADDRESS: Ozark, Mo.
23c. DATE SIGNED: 18 Sept 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-12-1955
24c. NAME OF CEMETERY OR CREMATORY: Old Boston Cemetery
24d. LOCATION (City, town, or county) (State): Oldfield, Missouri

DATE REC'D BY LOCAL REG.: Sept 23, 55
REGISTRAR'S SIGNATURE: Nannie Day 507
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Jolean Harris Clever, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 5 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed J. Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.